Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

009513

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380324001

Issued 08/25/06
Expires 08/25/07
Revenue Code 3157

Establishment:
FOWLER CUSTOM HOMES
T8N R6E SEC 17
COUNTRY ESTATES LOT 2
3000 RUHLMAN CIR-MARTELL

FEES: $275.00

Permittee:
FOWLER CUSTOM HOMES
3000 RUHLMAN CIR
LINCOLN NE 68512

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 06380324001

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE Possible Septic System - pending soil Percolatio Test

A. System Location (Indicate correct number and street)

Address 3000 Rahlman Cir. (no rural route) City Martell NE, Zip 68404

Legal Description 1/4 17 1/4 Section 8N Township 6E Range Country Estates Subdivision Addition 2 Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Fowler Custom Homes Signature Tad Edgerton

Address 1233 Infinity Cr. City/State/Zip Lincoln 68512

☐ Check if owner designed system Home Phone _____ Work Phone 420-2950

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust P.O.Box 191 City/State/Zip Hickman, NE 68372

☒ Check if contractor designed system Work Phone 430-7606

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 8/25/06 Date frwd 8/25/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-25-06 Date frwd 8-25-06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-25-06 Date frwd 8-25-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

Installation Final Written Approval

By _____

Date 1/9/07

Business Office Use Only
Date Rec'd 8/25/06
Amt Paid $275.00
Rec'd By cw Cash/Check No. 1145 cw

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
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B B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3000 Ruhlman Dr. (no rural route) City Martell NE, Zip 68404

Owner Fowler Custom Homes Address 1233 Infinity CT Lincoln 68512

Soil Type (SCS): WTC / SHC Percolation Rate: ____ min /inch

Date of Tests 8/25 to 8/26/06 Weather: Precipitation — Temperature 80s

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	8/25	3/45	8/26	9/30	8/26	11/30	22 7/8	8/26	12/00	30	5/8	48
2			PM		AM		AM	23		Noon		3/4	40
3								29 3/4				1	30
4								25 1/8				3/8	48
5								23 5/8				3/4	40
6								24 5/8				5/8	48

Sum of Percolation Rates: 254
Average of Rates: 42
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Bartlett # 0148
Phone: 432-7606
Address 105 Locust Box 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks ____

Signature of Reviewing Official Jerold C. Hood R.E.H.S. Date AUGUST 31, 2006

FORM 23-101 10-96

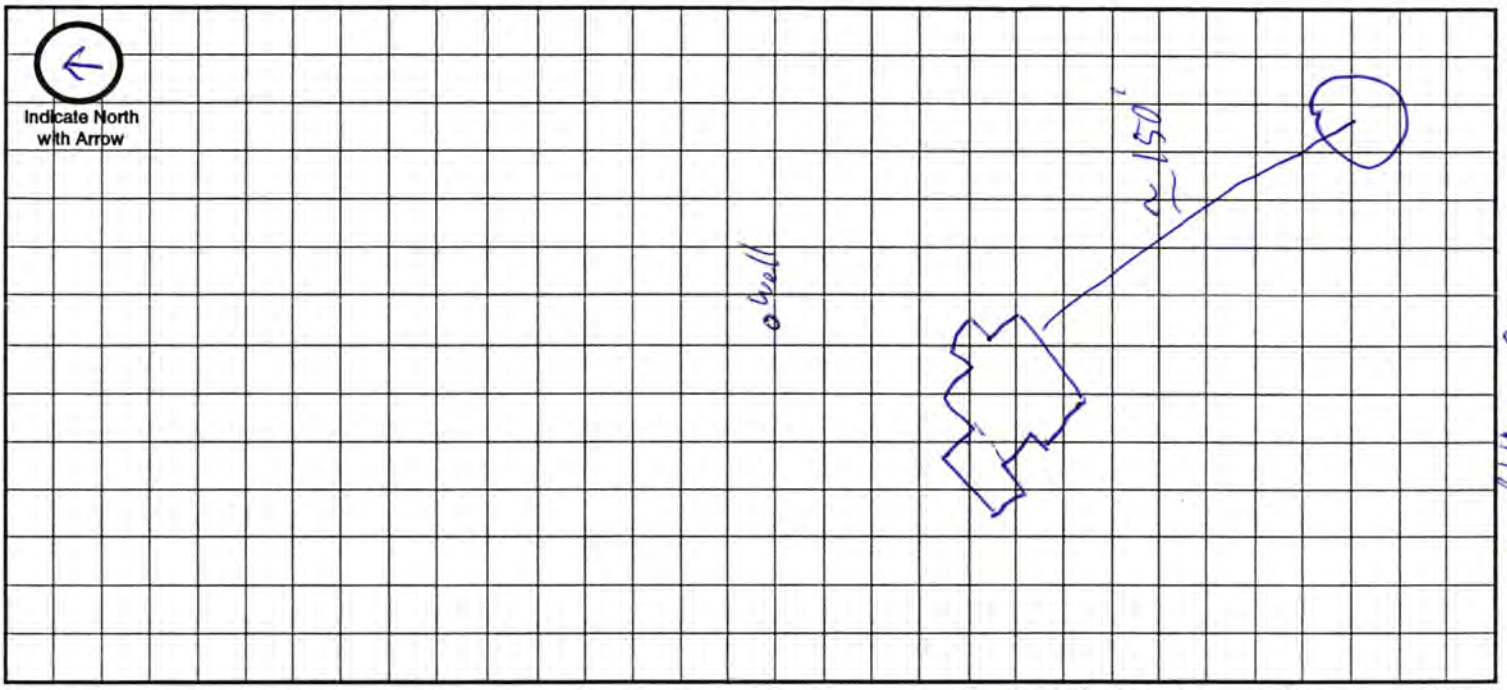
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Environmental Health Division
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Phone: 402-441-8022

C

Permit Number: 0638032 40

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3000 Ruhlman Cr City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 42 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 990 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 248 ft. Number of Trenches _____ Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Smith Date 8/25/06

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1-17-07

System Location (Indicate correct number and street)

Address 3000 Ruhlman Ct. (no rural route) City Martell NE, Zip 68404

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 100 ft.
   stream NA ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Plastic, Fralo
   Number of compartments: 1
2. Capacity: 1060 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 21 in.
   Over outlet, diameter 21 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 50 ft.

C. Distribution Box

1. Material: PVC Drop Box
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20 ft.

D. Absorption Field

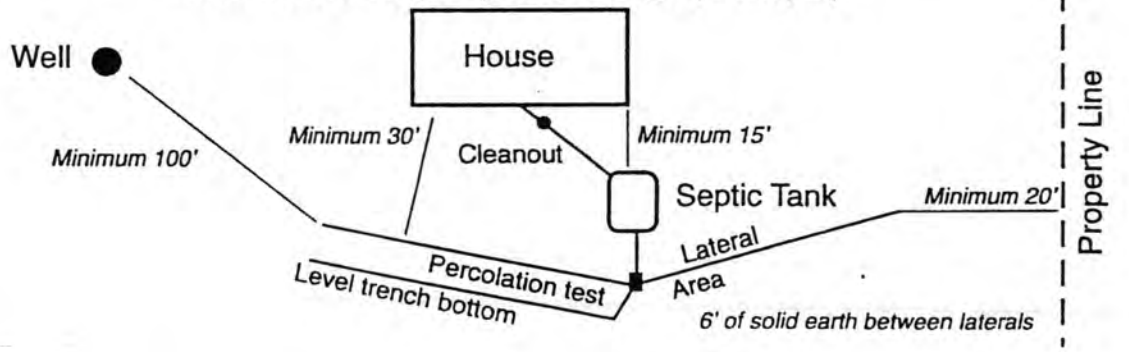
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 92 ft. 82 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

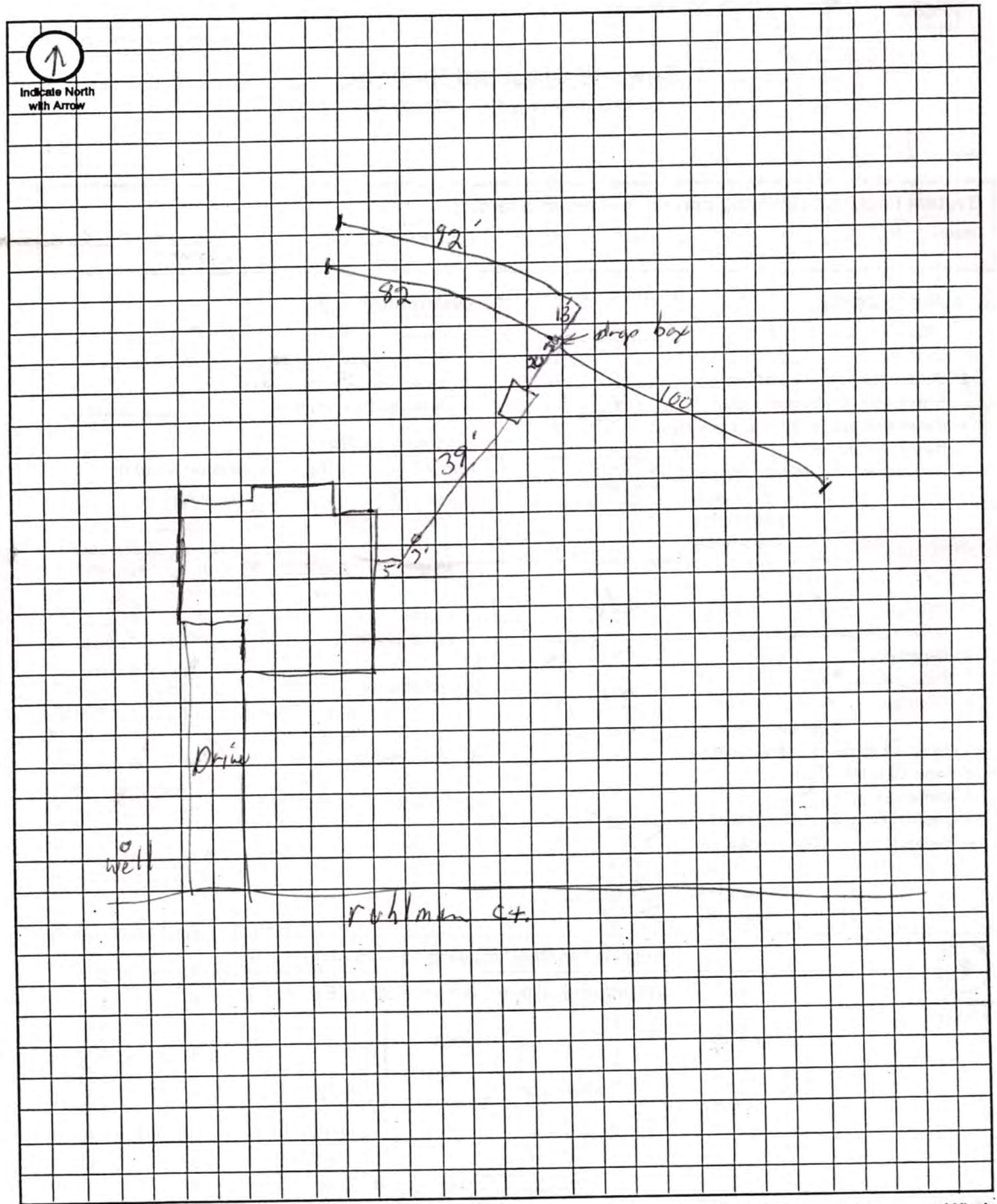
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s